

STANDARD CERTIFICATE OF DEATH

State File No. 10246

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 327

1. PLACE OF DEATH

(a) County Buchanan
(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution MO-ME Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Donald B. Wheatley 34

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Wheatley

(c) Age of husband or wife if alive 32 years

7. Birth date of deceased Apr 24 1907
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

32

10

28

hr. min.

9. Birthplace

King City Mo.
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

D. B. Wheatley

13. Birthplace

King City Mo.
(City, town, or county)

Mo.
(State or foreign country)

14. Maiden name

Anna Moore

15. Birthplace

Agway Mo.
(City, town, or county)

Mo.
(State or foreign country)

16. (a) Informant

D. B. Wheatley

(b) Address

King City Mo.

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

3-25-1948
(Month) (Day) (Year)

(c) Place: burial or cremation

King City Mo.

18. (a) Signature of funeral director

W. J. Adams

(b) Address

King City Mo.

19. (a)

3/25/1948
(Date received local registrar)

(b)

W. J. Adams
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reentry
(c) City or town King City
(If outside city or town limit, write "RURAL")
(d) Street No. R. R. #2
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 21
1948 to March 22, 1948
that I last saw him alive on March 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Murdering
8 trips to car with falling 5 Wks.
under arm thrust

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
85
(Specify type of place)
While at work? _____ (e) Means of Injury _____

23. Signature

E. H. Miller (M. D. or other) _____

Address St. Joseph Mo.

Date signed 3/24/48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. G. Taggart

Licensed Embalmer No.....

2563

P. O. Address.....

King City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.